

<i>SERFF Tracking Number:</i>	<i>MUTM-125642252</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38954</i>
<i>Company Tracking Number:</i>	<i>KAREN HOWLAND</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - AFN40782</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/AFN40782</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: MUTM-125642252 State: ArkansasLH

Advertising - AFN40782

TOI: MS051 Individual Medicare Supplement - SERFF Status: Closed State Tr Num: 38954

Standard Plans

Sub-TOI: MS051.001 Plan A

Co Tr Num: KAREN HOWLAND

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Karen Howland

Disposition Date: 05/28/2008

Date Submitted: 05/09/2008

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Status of Filing in Domicile:

Project Number: AFN40782

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/28/2008

State Status Changed: 05/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

NAIC# 261-69868

FEIN# 47-0322111

United of Omaha Life Insurance Company

Medicare Supplement Advertising

AFN40782

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AFN40782-1 (reply card)

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

The above advertisement will be used as a prospecting piece that agents could use as a letter.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Mike Trebold
Product and Advertising Compliance Consultant
Regulatory Affairs
Phone: 402-351-2654
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

kh

Company and Contact

Filing Contact Information

Mike Trebold, Product & Advertising Compliance Consultant
Regulatory Affairs
Omaha, NE 68175
mike.trebold@mutualofomaha.com
(402) 351-2654 [Phone]
(402) 351-5298[FAX]

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	05/09/2008	20207113

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	05/28/2008	05/28/2008

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Disposition

Disposition Date: 05/28/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Form	Letter & Reply Card	Filed	No

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Form Schedule

Lead Form Number: AFN40782

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	AFN40782-1		Advertising Letter & Reply Card	Initial			AFN40782.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



Are you eligible for Medicare?

If so, I can provide information that may help you pay your share of healthcare costs under Medicare. Please provide your birth date below and I'll provide you information about United of Omaha Life Insurance Company's Medicare supplement insurance policies.

Now is the time to update your insurance coverage by adding a Medicare supplement insurance policy. It helps you keep out-of-pocket costs down by paying some of the expenses Medicare may not cover.

Please complete and return the information below and your information will be on their way to you. Of course, there's no obligation.

Sincerely,

[Agent's Name]

[Address]

[City, State ZIP]

[Phone]

[E-Mail Address (optional)]

Medicare supplement insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha Life Insurance Company is licensed nationwide except in NY. Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Policy forms UM1, UM2, UM3, UM4, UM5 or state equivalent. These policies have exclusions, limitations, and reductions. An Outline of Coverage is available upon request. This letter is used for the solicitation of insurance. By returning this form you are requesting to have a licensed insurance agent contact you by telephone to provide additional information.

AFN40782

Name _____

Street _____

City _____ State _____ ZIP _____

Phone () _____ Birth Date / /

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Rate Information

Rate data does NOT apply to filing.